

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047600

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MARCELINE

Length of stay in 1b
12 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST FRANCIS HOSPITAL

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

MO.

b. COUNTY

MACON

c. CITY
OR TOWN

NEW CAMBRIA

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

NO

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROY

WILLIAM HOLLANDER

4. DATE
OF DEATH

Month

Day

Year

DECEMBER 14 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-9-1888

9. AGE (last birthday)

74 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LUMBER YARD RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

MANAGER

11. BIRTHPLACE (City and state or country)

SHELBY CO.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Wm HOLLANDER

13b. MOTHER'S MAIDEN NAME

EMMA ADAMS

14. NAME OF HUSBAND OR WIFE

ZELIA HOLLANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of servi

No

16. SOCIAL SECURITY NO.

0 Zelia Hollander New Cambria Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA LYSIS - Primary

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

not Identified

DUE TO (c)

Pathology Report Revealed Kaposi's Dis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 12-14-62 and last saw him alive on 12-17-62
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Marceline, MO 12-15-62

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-16-1962

23c. NAME OF CEMETERY OR CREMATORY

MAPLEWOOD

23d. LOCATION (City, town, or county)

CLARENCE

23e. STATE

MO

24. FUNERAL DIRECTOR

ADDRESS

H. H. Hilliard New Cambria Mo.

25. DATE RECD. BY LOCAL REG.

12-15-62

26. REGISTRAR'S SIGNATURE

Emma Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 13 1963

FEB 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. J. Gilleland

Licensed Embalmer No. *4219*

P. O. Address *New Cambria Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.